

## ROLL OF ATTORNEYS INFORMATION

### CHANGE OF ADDRESS FORM\*

NAME: \_\_\_\_\_

ATTORNEY NUMBER: \_\_\_\_\_

I wish to change my business and/or home address on the Roll of Attorneys to the following:

Business address

Home address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business phone number

Home phone number

\_\_\_\_\_

\_\_\_\_\_

Fax number

Fax number

\_\_\_\_\_

\_\_\_\_\_

Email

Email

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Signature

\_\_\_\_\_  
Date

\*Please either fax or mail this form to the Roll of Attorneys Clerk at the following address.

Fax: 317-232-8365.

Clerk of the Supreme Courts  
Attn: Roll of Attorneys  
200 West Washington Street  
217 State House  
Indianapolis, IN 46204